

# **NORTH CAROLINA DIVISION OF MH/DD/SAS**

## **CURRENT SERVICE STANDARDS:**

### **UNDER STUDY\***

**(These service definitions are in the new format and will be under study during SFY 04/05 to determine if revisions are required or if the service continues to be needed.)\***

**1-12-04**

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**NC DIVISION OF MH/DD/SAS**  
**CURRENT SERVICE STANDARDS:**  
**UNDER STUDY\***  
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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Adult Developmental Vocational Program (ADVP)**

#### **Service Definition and Required Components:**

Adult Developmental Vocational Program (ADVP) is a day/night service which provides organized developmental activities for individuals with mental retardation or other developmental disabilities, or to individuals with physical disabilities, to prepare the individual to live and work as independently as possible. The activities and services of ADVP are designed to adhere to the principles of normalization and community integration.

#### **Provider Requirements:**

Adult Developmental Vocational Program must be delivered by a developmental disabilities provider organization, which meets standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by the Local Management Entity or by being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/ registered to do business in the State of North Carolina. The facility must have a designated full-time program director. Evaluation services shall be available for all clients. There should be a supportive, therapeutic relationship between the providers and consumer which addresses and/or implements interventions outlined in the service plan. These may include personal and community living skill development, compensatory or adult basic education, training in cognitive, communication and motor skills, use of leisure time, vocational evaluation and adjustment, work skills training, and paid employment.

#### **Staffing Requirements:**

The required staff ratio is one staff to ten or fewer clients.

#### **Service Type/Setting:**

This is day/night type of service under NC Administrative Code T10:14V .2300. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule. This service is not billable to Medicaid. May only be provided in a licensed or VR approved facility. It is the ADVP that shall be subject to licensure, not the location of the business or organization where the client may be placed for work. 10 NCAC 14V .2301(e)

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**Program Requirements:**

The activities and services of ADVP are designed to adhere to the principles of normalization and community integration.

Guidelines:

1. This service is available for a period of three or more hours per day; although, an individual may attend for fewer than three hours.
2. Only direct client attendance time is to be reported.

**Utilization Management:**

Referral and authorization by Local Management Entity is required. The services must be included in an individual's Service Plan and authorized prior to or on the day services are to be provided. Initial authorization for services would not exceed six (6) month period.

**Entrance Criteria:**

Per 10 NCAC 14V .2306 (b) (3), a qualified professional or an associate professional shall certify the eligibility of each client for the ADVP service according to the following criteria:

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

**AND**

Level of Care Criteria, NCSNAP/ASAM

**AND**

- B. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

**AND**

- C. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.

Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

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**Continued Stay Criteria:**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A). Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- B). Consumer is regressing; the service plan must be modified to identify more effective interventions.

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of ADVP is documented in the service record.

**OR**

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

*\*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient*

**Discharge Criteria:**

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

- 1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.
- 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

**Expected Outcomes:**

This service is intended to assist individuals to prepare to live and work as independently as possible. This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

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**Documentation Requirements:**

Documentation in the consumer's medical record is required as defined in the Service Records Manual APSM 45-2 (9/03). Service notes requirements as outlined in the Service Records Manual elements are: consumer's name; record number; date service provided; duration of service; purpose of contact; description of the intervention/activity; assessment of consumer's progress toward goals; signature of person who provided the service including (professional: credentials, degree, or licensure of clinician; paraprofessional: position of the individual). The dates of attendance shall also be documented.

**Service Exclusions:**

Individuals without mental retardation, developmental disabilities, or physical disabilities are excluded from this service.

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Community Rehabilitation (Sheltered Workshop)**

#### **Service Definition and Required Components:**

A Community Rehabilitation Program (Sheltered Workshop) is a day/night service which provides work-oriented services including various combinations of evaluation, developmental skills training, vocational adjustment, job placement, and extended or sheltered employment to individuals of all disability groups sixteen years of age or over who have potential for gainful employment. This service is designed for individuals who have demonstrated that they do not require the intensive training and structure found in programs such as ADVPs, but have not yet acquired the skills necessary for competitive employment. It provides the individual opportunity to acquire and maintain life skills, including appropriate work habits, specific job skills, self-help skills, socialization skills, and communication skills. This service focuses on vocational/ productive work activities for individuals who have potential for gainful employment, as determined by Vocational Rehabilitation Services or the ability to participate in a community rehabilitation program. Community Rehabilitation Programs are subject to Department of Labor Federal Wage and Hour Guidelines for the Handicapped.

#### **Guidelines:**

- (1) Only direct client attendance time is reported.
- (2) Preparation, documentation and staff travel time are not reported.

Community Rehabilitation Program services provided to clients who are sponsored by Vocational Rehabilitation in an area operated program are to be reported and a revenue adjustment to be made; OR such services can be excluded from both cost finding and event reporting in accordance with funding guidelines. All Community Rehabilitation Program services to area program clients which are supported by area program funding are to be reported.

#### **Provider Requirements:**

May only be provided in a VR approved facility or a facility licensed under G.S. 122-C.

#### **Staffing Requirements:**

The facility must have a designated full-time program director and a designated program coordinator. At least one staff member shall be designated as a client evaluator. The required staff ratio is one staff to ten or fewer clients.

#### **Service Type/Setting:**

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This is day/night type of service under NC Administrative Code T10A:27G.2300. This service is not billable to Medicaid.

**Program Requirements:**

Must meet the requirements as outlined in the APSM 30-1 .

**Utilization Management:**

Referral and Authorization by the Local Management Entity is required. For reimbursement, the services must be included in the individual service plan and service orders must be completed by a Qualified Professional or Associate Professional prior to or on the day services are to be provided and authorized prior to or on the day services are to be provided. Initial authorization will not exceed a (6) month period.

**Entrance Criteria:**

Per 10A NCAC 27G .2306 (b)(3), a qualified professional or an associate professional shall certify the eligibility of each client for the Community Rehabilitation Program service according to the following criteria:

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

**AND**

**B. Level NCSNAP/ASAM**

**AND**

- C. The recipient is experiencing difficulties in at least one of the following areas:

- 4. Functional impairment
- 5. crisis intervention/diversion/aftercare needs, and/or
- 6. at risk of placement outside the natural home setting.

**AND**

- D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

- 4. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
- 5. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
- 6. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.

Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

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#### Continued Stay Criteria:

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Community Rehabilitation Program services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of Community Rehabilitation Program services is documented in the service record.

OR

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-IV diagnosis would necessitate a disability management approach.

*\*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

#### Discharge Criteria:

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A). Consumer has achieved goals, discharge to a lower level of care is indicated.
- B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

#### Expected Outcomes:

Community Rehabilitation is directed toward the habilitation of recipients with developmental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living or economic self-sufficiency.

#### Documentation Requirements:

Must documentation requirements in APSM 45-2 (9/30/03). Service note must be documented quarterly.

#### Service Exclusions:

Consumers enrolled in Community Rehabilitation cannot be enrolled in other day/night services.

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Guardianship**

#### **Service Definition and Required Components:**

A legal guardian is a person appointed by court to be responsible for certain aspects of care and management, and only those aspects, where the person is incapable of making decisions for him or herself. The guardian is expected to make decisions based on what the individual would choose if he (she) were able to do so. This service is not to be used to pay family members or natural supports in providing guardianship. This service is to be used as a last resort, only when natural supports cannot be obtained, and when guardianship is absolutely necessary to preserve the health and safety of the person to be supported. Whether or not there is a continued need for guardianship should be re-evaluated at least annually. The service should be in compliance with the state guardian statute (N.C.G.S.35A)."

#### **Provider Requirements:**

N/A

#### **Staffing Requirements:**

N/A

#### **Service Type/Setting:**

Guardianship is a monthly service. This service is only available to individuals funded by MR/MI services and/or who have an existing guardianship arrangement with Arc Life Guardianship. This service is not Medicaid billable. This service can be provided in any location.

#### **Program Requirements:**

N/A

#### **Utilization Management:**

N/A

#### **Entrance Criteria:**

N/A

#### **Continued Stay Criteria:**

N/A

#### **Discharge Criteria:**

N/A

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**Expected Outcomes:**

This service is intended to help individuals to live as independently as possible.

**Documentation Requirements:**

Documentation in the consumer's medical record is required as defined in the Service Records Manual. Service activity documentation maybe done using an activity log. The log shall include the consumer's name, record number and following elements: date service provided, location, type of activity, brief description of activity and outcome, duration of service, initials for each service provide. A signature of each provider that documents on the log is required on the overall form.

**Service Exclusions:**

This service is not to be used to pay family members or natural supports in providing guardianship.

## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Independent Living (Funding Category)**

#### **Service Definition and Required Components:**

Independent Living is designed as a service code to accommodate billing for the room and board portion of a client's person centered plan. Persons living in residential settings supported by independent living may or may not need other periodic supports, but any periodic supports which persons who reside in independent living arrangements may need must be billed separately.

This service is intended to assist individuals to live as independently as possible. This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Guidelines:

1. Training, counseling, and various levels of supervision are provided as needed and should be reported separately.
2. Preparation, documentation and staff travel time is not to be reported.

In all cases, a service should be reported, as it is licensed/certified.

#### **Provider Requirements:**

N/A

#### **Staffing Requirements:**

N/A

#### **Service Type/Setting:**

Independent living is a monthly service. This service is not Medicaid billable. This service can be provided in any location.

#### **Program Requirements:**

N/A

#### **Utilization Management:**

N/A

#### **Entrance Criteria:**

N/A

#### **Discharge Criteria:**

N/A

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**Expected Outcomes:**

To accommodate billing for the room and board portion of a client's person centered plan.

**Documentation Requirements:**

Documentation in the consumer's medical record is required as defined in the Service Records Manual. Service activity documentation maybe done using an activity log. The log shall include the consumer's name, record number and following elements: date service provided, location, type of activity, brief description of activity and outcome, duration of service, initials for each service provide. A signature of each provider that documents on the log is required on the overall form.

**Service Exclusions:**

1. Independent Living should be applied only when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program/LME-operating budget.
2. Revenue adjustment does not apply to this service.

## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Partial Hospitalization - Adult**

#### **Service Definition and Required Components:**

Partial Hospitalization is a short-term service for acutely mentally ill adults which provides a broad range of intensive therapeutic approaches which may include: group activities/therapy, individual therapy, recreational therapy, community living skills/training, increase the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility. Services include the following activities:

psychoeducational activities; recreational activities when used as a strategy to meet goals; education to recipient and collaterals about mental health and substance abuse issues, medication, wellness, etc.; basic educational skills development; prevocational activities; individual and group psychotherapy; behavioral interventions including token/ level systems structured behavior programs, etc.; supportive counseling; community integration activities; support groups; modeling, positive reinforcements, redirection, de-escalation, anticipatory guidance, etc.; adaptive skills training in all functional domains—personal care, domestic, social, communication, leisure, problem- solving, etc.; family support services; and/or transporting recipients to the activities when part of the program day.

#### **Provider Requirements:**

All services in the partial hospital milieu are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, and other MH/SA paraprofessional staff. The partial hospital milieu is directed under the supervision of a physician. Staffing requirements are outlined in 10 NCAC 14V.1102.b

#### **Staffing Requirements:**

A physician shall participate in diagnosis, treatment planning, and admission/discharge decisions. Physician involvement shall be one factor that distinguishes Partial Hospitalization from Day Treatment Services.

#### **Service Type/Setting:**

This service is designed to offer face-to-face therapeutic interventions to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving the client's level of functioning in all domains, increasing coping abilities or skills, or sustaining the achieved level of functioning. This service offers a variety of structured therapeutic activities including medication

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monitoring designed to support a client remaining in the community which are provided under the direction of a physician, although the program does not have to be hospital based. Other identified providers shall carry out the identified individual or group interventions (under the direction of the physician). This service offers support and structure to assist the individual client with coping and functioning on a day to day basis to prevent hospitalization or to step down into a lower level of care from inpatient setting.

This service includes interventions that address functional deficits associated with affective or cognitive problems and/or the client's diagnostic conditions. This may include training in community living, and specific coping skills, and medication management. This assistance allows clients to develop their strengths and establish peer and community relationships. This service assists the client in transitioning from one service to another (an inpatient setting to a community-based service) or preventing hospitalization. This service provides a broad array of intensive approaches, which may include group and individual activities.

#### **Program Requirements:**

This is day/night service that shall be provided a minimum of (4) four hours per day, (5) five days per week, and (12) twelve months per year.

#### **Utilization Management:**

Referral and Authorization by the Local Management Entity is required. For reimbursement, the services must be included in the individual service plan and service orders must be completed by a Qualified Professional or Associate Professional prior to or on the day services are to be provided and authorized prior to or on the day services are to be provided. Initial authorization will not exceed a (6) month period.

#### **Entrance Criteria:**

Must have Axis I or II diagnosis,

**AND,**

Level of Care Criteria, Level C/NCSNAP/,

**AND,**

The consumer is experiencing difficulties in at least one of the following areas: Functional impairment, crisis intervention/diversion/aftercare needs, and/or at risk for placement outside the natural home setting.

**AND,**

The consumer's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

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1. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.
2. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. Being at risk of exclusion from services, placement or significant community support system as a result of functional behavioral problems associated with diagnosis.
4. Requires a structured setting to monitor mental stability and symptomology, and foster successful integration into the community through individualized interventions and activities.
5. Service is a part of an aftercare planning process (time limited or transitioning) and is required to avoid returning to a higher, more restrictive level of service.

#### Continued Stay Criteria:

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A). Consumer has achieved initial service plan goals and additional goals are indicated.
- B). Consumer is making satisfactory progress toward meeting goals.
- C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
- D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E). Consumer is regressing; the service plan must be modified to identify more effective interventions.

#### Discharge Criteria:

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A). Consumer has achieved goals, discharge to a lower level of care is indicated.
- B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

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Expected Outcomes: **This service includes interventions that address the functional problems associated with complex and/or complicated conditions of the identified population. These interventions are strength based and focused on promoting symptom stability, increasing coping skills and achievement of the highest level of functioning in the community.**

Documentation Requirements:

Documentation in the consumer's medical record is required as defined in the Service Records Manual APSM 45-2. A full service note is required. The note shall include the consumer's name, record number and following elements: date service provided, location, type of activity, brief description of activity and outcome, duration of service. A signature of each provider that documents is required.

**Service Exclusions: Partial Hospitalization** – Adult can not be provided during the same authorization period as ACTT, Facility Based Crisis, other levels of Residential Treatment service and PRTF.

## **NORTH CAROLINA DIVISION OF MH/DD/SAS**

### **Residential Treatment – (Level I / Family Type)**

#### **Service Definition and Required Components:**

Family Type Residential Treatment is a service targeted to children under age 21 which offers a low to moderate structured and supervised environment in a family setting, excluding room and board. This service provides a structured and supervised environment, and acquisition of skills necessary to enable the consumer to improve the level of functioning to achieve or to maintain the most realistic level of independent functioning where earlier treatment gains are somewhat fragile and the consumer is subject to regression. This level of care responds to consumers needs for more active treatment and interventions. This service is offered in a family system.

#### **Provider Requirements:**

The provider must follow the minimum requirements in 131d rules. The provider is not necessarily awake during sleep time, and may not be available while consumers are involved in educational, vocational, and social activities, but are present during times when the consumer's needs are most significant or not involved in another structured activity. This service in a family setting includes the following activities:

- A. Supervision and structure of daily living designed to maximize appropriate behaviors or to maintain highest level of functioning.
- B. Specific and individualized psychoeducational and therapeutic interventions including development or maintenance of daily living skills; anger management skills; communications skills; social skills; stress management; and relationship skills.
- C. Support addressing feelings of personal culpability or self-blame; affirming the child's value and self-worth; development of skills in communication which will encourage ongoing relationships with the natural family or other identified placement providers; development of personal resources; development of goals to address self-concept, anger management, self-esteem and personal insight; or comparable activities which are targeted towards functional deficits.
- D. Involving consumers in naturally occurring community support systems and supporting the development of personal resources (assets, protective factors, etc.).

*\*Note: Periodic services may not be used to augment residential services.*

#### **Staffing requirements:**

Family Type – This service may be provided in a natural family setting with one or two surrogate family members providing service to one or two consumers per home.

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Program Type – This service may be provided in a structured program setting with qualified staff. Staff is present and available at all times of the day. A minimum of one staff is required per four consumers at all times.

**Service Type/Setting:**

Residential Treatment Level I is a 24-hour service. This service is billable to Medicaid. Service is licensed under the Division of Social Services 131-D family setting homes.

**Program Requirements:**

Residential Treatment Level I/Family Type is structured to provide a therapeutically critical structure and supervision necessary to enable the consumer to achieve and sustain an improved level of functioning in order to successfully engage in treatment activities designed to achieve the highest level of independent functioning, or return the consumer to their family setting/permanent placement.

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on service plan requirements and specific strategies developed during supervision.

**Utilization Management:**

Utilization review must be conducted on a 90-day basis and so documented in the service record

**Entrance Criteria:**

This service in a family setting includes the following activities:

- A. Supervision and structure of daily living designed to maximize appropriate behaviors or to maintain highest level of functioning.
- B. Specific and individualized psychoeducational and therapeutic interventions including development or maintenance of daily living skills; anger management skills; communications skills; social skills; stress management; and relationship skills.
- C. Support addressing feelings of personal culpability or self-blame; affirming the child's value and self-worth; development of skills in communication which will encourage ongoing relationships with the natural family or other identified placement providers; development of personal resources; development of goals to address self-concept, anger management, self-esteem and personal insight; or comparable activities which are targeted towards functional deficits.
- D. Involving consumers in naturally occurring community support systems and supporting the development of personal resources (assets, protective factors, etc.).

*\*Note: Periodic services may not be used to augment residential services.*

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Continued Stay Criteria: The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Consumer has achieved initial service plan goals and additional goals are indicated.
- B. Consumer is making satisfactory progress toward meeting goals.
- C. Consumer is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the Consumer's premorbid level of functioning, are possible or can be achieved.
- D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

If the consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

- A. There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment.
- B. There are current indications that the consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment residential setting or in a lower level of residential treatment.
- C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the consumer's DSM-IV diagnosis necessitates a disability management approach.

*\*Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights.*

### **Discharge Criteria:**

The consumer shall be discharged from this level of care if any one of the following is true:

- A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.
- OR**
- B. The consumer no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

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*\*Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights.*

**Expected Outcomes:** This service includes interventions that address the functional problems associated with complex and/or complicated conditions of the identified population. These interventions are strength based and focused on promoting symptom stability, increasing coping skills and achievement of the highest level of functioning in the community.

**Documentation Requirements:**

Must follow Medicaid and licensure documentation requirements for this level of service.

**Service Exclusions:** Residential Treatment level I can not be provided during the same authorization period as Facility Based Crisis, other levels of Residential Treatment and PRTF.

## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Residential Treatment – (Level II / Family/Program Type)**

#### **Service Definition and Required Components:**

The Family/Program Residential Treatment Level II Services is a service targeted to children under age 21 which offers a moderate to high structured and supervised environment in a family or program type setting, excluding room and board which needs can not be met with Level I services.

#### **Provider Requirements:**

##### **Family Type**

The provider is not necessarily awake during sleep time but must be constantly available to respond to a consumer's needs, while consumers are involved in educational, vocational, social and/or other activities, except for periods of planned respite. The provider must follow the minimum requirements in 131D rules.

##### **Program Type**

The staff is not necessarily awake during sleep time, but must be constantly available to respond to a consumer's needs, while consumers are involved in educational, vocational, social or other activities, except for periods of planned respite.

The provider must follow minimum requirements in 122C rules, including:

- A. Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the consumer's service plan.
- B. Must meet requirements established by state personnel system or equivalent for job classifications. Supervision provided by a qualified professional as stated in 10 NCAC 14V rules regarding Professionals and Paraprofessionals.
- C. Sex Offender Specific Service Provision: In addition to the above, when the consumer requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.

#### **AND**

Supervision is provided by a qualified professional with sex offender-specific treatment expertise and is available for a total of at least 60 minutes per week. On-call and back-up plan with a qualified professional is also available.

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**Staffing Requirements:**

- A. **Family Type.** This treatment may be provided in a natural family setting with one or two surrogate family members providing services to one or two consumers per home.
- B. **Program Type.**
  - 1. Treatment is provided in a structured program setting with qualified staff.
  - 2. Staff is present and available at all times of the day.
  - 3. A minimum of one staff is required per four consumers at all times.

**Service Type/Setting:**

- ◆ Residential Treatment Level II is a 24-hour service. This service is billable to Medicaid.
- ◆ Family Type: This service is licensed under the Division of Social Services 131-D family setting homes.

Program Type: This service is licensed under the Division of Facility Services 122-C for residential treatment.

**Program Requirements:**

**This level of service is responsive to the need for intensive, interactive, therapeutic interventions, which still fall below the level of staff secure/24-hour supervision or secure treatment settings. The staffing structure may include family and program type settings.**

**Program Type and Family Type Activities**

This service in the family or program settings includes Family Type Treatment Level I elements and the following activities:

- A. Individualized and intensive supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits to ensure safety during the presentation of out-of-control behaviors, or to maintain optimum level of functioning.
- B. Specific and individualized psychoeducational and therapeutic interventions including;
  - 1. development or maintenance of daily living skills;
  - 2. anger management;
  - 3. social skills;
  - 4. family living skills;
  - 5. communication skills;
  - 6. stress management;
  - 7. relationship support; or
  - 8. comparable activity, and
  - 9. intensive crisis or near crisis management including de-escalation interventions and occasional physical restraints.

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- C. Direct and active intervention in assisting consumers in the process of being involved in and maintaining in naturally occurring community support systems and supporting the development of personal resources (assets, protective factors, etc).

Daily living is structured to provide all elements of Family/Program Type Residential Treatment Level I with a higher level of structure and supervision.

Daily living is structured to provide all elements of Family/Program Type Residential Treatment Level I with a higher level of structure and supervision.

#### **Utilization Management:**

Utilization review must be conducted at a minimum of every 30 days by the directly enrolled provider and so documented in the service record (after the area program assesses the consumer and authorizes the first 120 days).

#### **Entrance Criteria:**

In addition to meeting Family Type Residential Treatment Level I medical necessity criteria, the consumer is eligible for this service when:

- A. Medically stable, but may need some intervention to comply with medical treatment.

**AND**

- B. Meets Level C criteria/NC-SNAP (NC Supports/Needs Assessment Profile).

**AND**

The consumer's needs cannot be met with Family Type Residential Treatment Level I services.

**AND**

The consumer is experiencing any one of the following (may be related to the presence of moderate to severe affective, cognitive, or behavioral problems or developmental delays/disabilities):

- A. Moderate to severe difficulty maintaining in the naturally available family or lower level treatment setting as evidenced by, but not limited to:
  - 1. severe conflict in the setting; or
  - 2. severely limited acceptance of behavioral expectations and other structure; or
  - 3. severely limited involvement in support; or
  - 4. impaired ability to form trusting relationships with caretakers; or
  - 5. limited ability to consider the effect of inappropriate personal conduct on others.
- B. Frequent and severely disruptive verbal aggression and/or frequent and moderate property damage and/or occasional, moderate aggression toward self and/or others.
- C. Moderate to severe functional problems in school or vocational setting or other community setting as evidenced by:
  - 1. failure in school or vocational setting; or

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2. frequent and disruptive behavioral problems in school or vocational setting; or
  3. frequent and disruptive difficulty in maintaining appropriate conduct in community setting; or
  4. pervasive inability to accept age appropriate direction and supervision, in significant areas, from caretakers or family members.
- D. Medication administration and monitoring have alleviated some symptoms, but other treatment interventions are needed to control moderate symptoms.
- E. Limitations in ability to independently access or participate in other human services and requires active support and supervision to stay involved in other services.
- F. Deficits in ability to manage personal health, welfare, and safety without intense support and supervision.
- G. For consumers identified with or at risk for inappropriate sexual behavior:
1. at least one incident of inappropriate sexual behavior and the risk for offending/re-offending is low to moderate; or
  2. low to moderate risk for sexual victimizing; or
  3. deficits that put the community at risk unless specifically treated for sexual aggression problems.
  4. A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

**Continued Stay Criteria:** The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Consumer has achieved initial service plan goals and additional goals are indicated.
- B. Consumer is making satisfactory progress toward meeting goals.
- C. Consumer is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the consumer's premorbid level of functioning, are possible or can be achieved.
- D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

If the consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can

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be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

- A. There is a past history of regression in the absence of residential treatment or a lower level of residential treatment.
- B. There are current indications that the consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment residential setting or in a lower level of residential treatment.
- C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the consumer's DSM-IV diagnosis necessitates a disability management approach.

*\*Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights*

#### **Discharge Criteria:**

The consumer shall be discharged from this level of care if any one of the following is true:

- A. The level of functioning has improved with respect to the goals outlined in the service plan and the consumer can reasonably be expected to maintain these gains at a lower level of treatment.

**OR**

- B. The consumer no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

**OR**

- C. Discharge or step-down services can be considered when in a less restrictive environment, the safety of the consumer around sexual behavior, and the safety of the community can reasonably be assured.

*\*Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights.*

**Expected Outcomes:** This service includes interventions that address the functional problems associated with complex and/or complicated conditions of the identified population. These interventions are strength based and focused on promoting symptom stability, increasing coping skills and achievement of the highest level of functioning in the community.

#### **Documentation Requirements:**

Family and Program Type must follow Medicaid and licensure documentation requirements for this level of service.

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**Service Exclusions:** Residential Treatment level II can not be provided during the same authorization period as Facility Based Crisis, other levels of Residential Treatment and PRTF.

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Residential Treatment (Level III)**

#### **Service Definition and Required Components:**

The Residential Treatment-Level III is a service targeted to children under age 21 which offers a highly structured and supervised environment in a program setting only, excluding room and board. This service is responsive to the need for intensive, active therapeutic intervention which requires a staff secure treatment setting in order to be successfully implemented. This setting has a higher level of consultative and direct service from psychologists, psychiatrists, medical professionals, etc.

#### **Provider Requirements:**

The minimal requirements are a high school diploma or GED, associate degree with one year of experience or a four-year degree in the human service, or a combination of experience, skills, and competencies that is equivalent, plus:

- A. Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the consumer's service plan.
- B. Must meet requirements established by state personnel system or equivalent for job classifications. Supervision provided by a qualified professional as stated in 10 NCAC 14V rules regarding Professionals and Paraprofessionals.
- C. Sex Offender Specific Service Provision: In addition to the above, when the consumer requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.

AND

Supervision is provided by a qualified professional with sex offender-specific treatment expertise and is available per shift.

**Staffing Requirements:** Residential Treatment Level III requires a ratio of one staff person to four consumers.

#### **Service Type/Setting:**

Residential Treatment Level III is a 24-hour service. This service is billable to Medicaid. This service is licensed under 122-C. Program type.

#### **Program Requirements:**

Residential Treatment Level III service is requires staff that are awake during sleep hours and supervision is continuous.

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This service includes all Family/Program Residential Treatment Level II elements and the following activities:

1. Individualized, intensive, and constant supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits, to ensure safety and contain out-of-control behaviors including intensive and frequent crisis management with or without physical restraint or to maintain optimum level of functioning.
2. Includes active efforts to contain and actively confront inappropriate behaviors and assist consumers in unlearning maladaptive behaviors. Includes relationship support to assist the consumer in managing the stress and discomfort associated with the process of change and maintenance of gains achieved earlier and specifically planned and implemented therapeutically focused interactions designed to assist the consumer in correcting various patterns of grossly inappropriate interpersonal behavior, as needed. Additionally, providers require significant skill in maintaining positive relationship in interpersonal dynamics, which typically provoke rejection, hostility, anger, and avoidance.

Treatment is provided in a structured program setting with staff employed by, or contracted by, an Area Program/Local Management Entity. Staff is present and available at all times of the day, including overnight awake. A minimum of one staff is required per four consumers at all times. Additionally, consultative and treatment services at a qualified professional level shall be available no less than four hours per week. This staff time may be contributed by a variety of individuals. For example, a social worker may conduct group treatment or activity; a psychologist may consult on behavioral management; or, a psychiatrist may provide evaluation and treatment services. These services must be provided at the facility site. Group therapy or activity time may be included as total time per consumer (i.e., if there are six members in a group for 90 minutes, this may be counted as 90 minutes per consumer).

Daily living is structured to provide all elements of Family/Program Type Residential Treatment plus intensified structure, supervision, and containment of frequent and highly inappropriate behavior. This setting is typically defined as being "staff secure." Treatment provides all Family/Program Type Residential Treatment elements plus active "unlearning" of grossly inappropriate behaviors with intensive skill acquisition. Includes specialized, onsite interventions from qualified professionals.

**Utilization Management: Utilization review must be conducted by the area program and be documented in the service record. The area mental health program is responsible for the admission and the initial length of stay up to 120 days and may give authorization(s) in increments of time up to the 120 days. The area mental health program is not permitted to authorize Level III residential treatment beyond the initial 120 days. After that time, the Medicaid**

**contractor is responsible for doing utilization review at a minimum of every 30 days.**

**Entrance Criteria:**

The consumer is eligible for this service when:

1. Consumer is medically stable but may need significant intervention to comply with medical treatment.
2. Meets Levels D criteria/NCSNAP.

**AND**

The consumer's identified needs cannot be met with Family/Program Residential Treatment service.

**AND**

The consumer is experiencing any of the following (may be related to the presence of severe affective, cognitive, or behavioral problems or developmental delays/disabilities):

1. Severe difficulty maintaining in the naturally available family setting or lower level treatment setting as evidenced by, but not limited to
  - frequent and severe conflict in the setting; or
  - frequently and severely limited acceptance of behavioral expectations and other structure; or
  - frequently and severely limited involvement in support or impaired ability to form trusting relationships with caretakers; or
  - a pervasive and severe inability to form trusting relationships with caretakers or family members; or
  - an inability to consider the effect of inappropriate personal conduct on others.
2. Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others.
3. Severe functional problems in school or vocational setting or other community setting as evidenced by:
  - failure in school or vocational setting because of frequent and severely disruptive behavioral problems in school or vocational setting; or
  - frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings; or
  - severe and pervasive inability to accept age appropriate direction and supervision from caretakers or family members coupled with involvement in potentially life-threatening, high-risk behaviors.
4. Medication administration and monitoring has alleviated some symptoms but other treatment interventions are needed to control severe symptoms.
5. Experiences significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services.
6. Has significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision.

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7. For consumers identified with or at risk for inappropriate sexual behavior:
- The parent/caregiver is unable to provide the supervision of the sex offender required for community safety.
  - Moderate to high risk for re-offending.
  - Moderate to high risk for sexually victimizing others.
  - Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.
  - A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

**Continued Stay Criteria:** The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

- Consumer has achieved initial service plan goals and additional goals are indicated.
- Consumer is making satisfactory progress toward meeting goals.
- Consumer is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
- Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- Consumer is regressing; the service plan must be modified to identify more effective interventions.

The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

- Consumer has achieved initial service plan goals and additional goals are indicated.
- Consumer is making satisfactory progress toward meeting goals.
- Consumer is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
- Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- Consumer is regressing; the service plan must be modified to identify more effective interventions.

**Discharge Criteria:**

The consumer shall be discharged from this level of care if any one of the following is true:

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- The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.

**OR**

- The consumer no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

**OR**

- Discharge or step-down services can be considered when in a less restrictive environment and the safety of the consumer around sexual behavior and the safety of the community can reasonably be assured.

*\*Note: Any denial, reduction, suspension or termination of services requires notification to the consumer about their appeal rights.*

**Expected Outcomes:** This service includes interventions that address the functional problems associated with complex and/or complicated conditions of the identified population. These interventions are strength based and focused on promoting symptom stability, increasing coping skills and achievement of the highest level of functioning in the community.

**Documentation Requirements:**

Documentation in the consumer's medical record is required as defined in the Service Records Manual APSM 45-2 (9/03). Service notes requirements as outlined in the Service Records Manual elements are: shift notes which include consumer's name; record number; date service provided; duration of service; purpose of contact; description of the intervention/activity; assessment of consumer's progress toward goals; signature of person who provided the service including (professional: credentials, degree, or licensure of clinician; paraprofessional: position of the individual). The dates of attendance shall also be documented.

**Service Exclusions:** Residential Treatment level III can not be provided during the same authorization period as Facility Based Crisis, other levels of Residential Treatment and PRTF.



## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Residential Treatment (Level IV)**

#### **Service Definition and Required Components:**

The Residential Treatment Level IV-Secure is a service targeted to children under age 21 which offers a physically secure, locked environment in a program setting only, excluding room and board.

#### **Provider Requirements:**

The minimal requirements are a high school diploma or GED, associate degree with one year of experience or a four-year degree in the human service, or a combination of experience, skills, and competencies that is equivalent, plus:

- A. Skills and competencies of this service provider must be at a level that include structured interventions in a contained setting to assist consumer in acquiring control over acute behaviors.
- B. Must meet requirements established by state personnel system or equivalent for job classifications. Supervision provided by a qualified professional as stated in 10 NCAC 14V rules regarding Professionals and Paraprofessionals.
- C. Sex Offender Specific Service Provision: In addition to the above, when the consumer requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.

AND

Supervision provided by a Qualified Professional with sex offender specific expertise is on-site per shift

**Staffing Requirements:** Residential Treatment Level IV is provided in a structured program setting with staff employed by, or contracted by, an Area Program/Local Management Entity. Staff is present and available at all times of the day, including overnight awake. Staff is awake during sleep hours and supervision is continuous. A minimum of two direct care staff are required per six consumers at all times. Additionally, consultative and treatment services at a qualified professional level shall be available no less than eight hours per week.

#### **Service Type/Setting:**

Residential Treatment Level IV is a 24-hour service. It is provided in a facility type setting. This service is billable to Medicaid.

#### **Program Requirements:**

Residential Treatment Level IV service provides school, psychological and psychiatric consultation, nurse practitioner services, vocational training, recreational

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activity, and other relevant services in the context of residential treatment. Typically the treatment needs of consumers at this level are so extreme that these activities can only be undertaken in a therapeutic context. This service provides intensive focus in helping consumers acquire disability management skills. There are typically significantly increased on-site interventions from qualified professionals including psychologists and physicians. These services are conducted in a manner that is fully integrated into ongoing treatment.

This service includes all Residential Treatment Level III elements plus the following activities:

- A. Medically supervised secure treatment including physical restraints and containment in time-out room. Locked and secure to ensure safety for consumers who are involved in a wide range of dangerous behaviors which are manageable outside of the hospital setting. Locked time out rooms are used only for the safe management of out of control behaviors.
- B. Continual and intensive interventions designed to assist the consumer in acquiring control over acute behaviors.
- C. This service is to support the youth in gaining the skills necessary to step down to a lower level of care.

#### **Utilization Management:**

Utilization review must be conducted by the area program and be documented in the service record. The area mental health program is responsible for the admission and the initial length of stay up to 30 days. The area mental health program is not permitted to authorize Level IV residential treatment beyond the initial 30 days. After that time, the Medicaid contractor is responsible for doing utilization review at a minimum of every 30 days.

#### **Entrance Criteria:**

The consumer is eligible for this service when:

- 1. Consumer is medically stable but may need significant intervention to comply with medical treatment.
  - 2. Meets Levels D criteria/NCSNAP.
- AND**
- 3. The consumer's identified needs cannot be met with Residential Treatment Level III service.

**AND**

The consumer is experiencing any of the following (may be related to the presence of severe affective, cognitive, or behavioral problems or developmental delays/disabilities):

- 4. Severe difficulty maintaining in the naturally available family setting or lower level treatment setting as evidenced by, but not limited to

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- A. frequent and severe conflict in the setting; or
  - B. frequently and severely limited acceptance of behavioral expectations and other structure; or
  - C. frequently and severely limited involvement in support or impaired ability to form trusting relationships with caretakers; or
  - D. a pervasive and severe inability to form trusting relationships with caretakers or family members; or
  - E. an inability to consider the effect of inappropriate personal conduct on others.
5. Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others.
  6. Severe functional problems in school or vocational setting or other community setting as evidenced by:
    - A. failure in school or vocational setting because of frequent and severely disruptive behavioral problems in school or vocational setting; or
    - B. frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings; or
    - C. severe and pervasive inability to accept age appropriate direction and supervision from caretakers or family members coupled with involvement in potentially life-threatening, high-risk behaviors.
  7. Medication administration and monitoring has alleviated some symptoms but other treatment interventions are needed to control severe symptoms.
  8. Experiences significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services.
  9. Has significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision.
  10. For consumers identified with or at risk for inappropriate sexual behavior:
    - A. The parent/caregiver is unable to provide the supervision of the sex offender required for community safety.
    - B. Moderate to high risk for re-offending.
    - C. Moderate to high risk for sexually victimizing others.
    - D. Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.
    - E. A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

### **Continued Stay Criteria:**

The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

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- Consumer has achieved initial service plan goals and additional goals are indicated.
- Consumer is making satisfactory progress toward meeting goals.
- Consumer is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
- Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- Consumer is regressing; the service plan must be modified to identify more effective interventions.

*\*Note: Any denial, reduction, suspension or termination of services requires notification to the consumer about their appeal rights.*

Discharge Criteria:

The consumer shall be discharged from this level of care if any one of the following is true:

- A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.

**OR**

- B. The consumer no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

**OR**

- C. Discharge or step-down services can be considered when in a less restrictive environment and the safety of the consumer around sexual behavior and the safety of the community can reasonably be assured.

*\*Note: Any denial, reduction, suspension or termination of services requires notification to the consumer about their appeal rights.*

**Expected Outcomes:** This service includes interventions that address the functional problems associated with complex and/or complicated conditions of the identified population. These interventions are strength based and focused on promoting symptom stability, increasing coping skills and achievement of the highest level of functioning in the community.

**Documentation Requirements:**

which include shift notes for Medicaid reimbursement.

Sex Offender Specific Service Provision: Documentation includes the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.

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**Service Exclusions:** Residential Treatment level IV can not be provided during the same authorization period as Facility Based Crisis, other levels of Residential Treatment and PRTF.

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Specialized Summer Programs**

#### **Service Definition and Required Components:**

This service is available to youth who need summer programs to meet their individual treatment needs.

#### **Provider Requirements:**

Must meet the requirements of their particular service delivery setting (i.e., developmental day center, community recreational resource center, day camp, etc.)

#### **Staffing Requirements: TBD**

#### **Service Type/Setting:**

A day program: Activities may occur in a variety of settings including, but not limited to, developmental day centers, community recreational resource centers and day camps. This is an hourly service and not Medicaid billable.

#### **Program Requirements:**

This service is to support the youth and provide opportunities for learning in a recreational setting.

Recreation activities and sports, individual and group, designed to facilitate increased self esteem, and working/playing with others.

Participate and learn a variety of recreational sports and activities, including focusing on individual skill building as well as teamwork.

#### **Utilization Management: TBD**

#### **Entrance Criteria:**

A. A recipient is eligible for this service when:

A. There is an Axis I or II diagnosis,

**AND,**

B. Level of Care Criteria Level D is met.

#### **Continued Stay Criteria: TBD**

#### **Discharge Criteria:**

Service plan goals met.

#### **Expected Outcomes: TBD**

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**Documentation Requirements:**

Minimum documentation is a daily service note.

**Service Exclusions: TBD**

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Therapeutic Leave**

#### **Service Definition and Required Components:**

Therapeutic Leave is a designation used to hold a consumer residential bed space while he/she is out on leave for integration back into the community.

**Provider Requirements:** N/A

**Staffing Requirements:** N/A

#### **Service Type/Setting:**

Therapeutic Leave is a placeholder for the client's bed space.

#### **Program Requirements:**

Guidelines:

1. Medicaid will only reimburse providers of residential services for children and adolescents, Levels 2-4 and PRTF.
2. State dollars can be used for non-Medicaid eligible child and adolescents residential services Levels 2-4 and PRTF who fit CTSP requirements. State dollars may also be used for adults in Family and Group living residential levels when the dollars are available.

Residential providers shall be paid the daily residential reimbursement amount. A consumer is allowed up to 45 days of therapeutic leave during the fiscal year, not to exceed 15 days of therapeutic leave each quarter. The leave shall follow the consumer, therefore if the consumer changes facilities, the therapeutic leave will continue to accumulate for the calendar year.

#### **Utilization Management:**

N/A

#### **Entrance Criteria:**

Client meets residential medical necessity and has a current Service Treatment/Habilitation Plan which incorporates therapeutic leave as a strategy in client's treatment.

#### **Continued Stay Criteria:**

N/A

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**Discharge Criteria:**

N/A

**Expected Outcomes:** N/A

**Documentation Requirements:**

Log sheet which records the therapeutic leave of the consumer.

**Service Exclusions:** N/A

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Wilderness Camp**

#### **Service Definition and Required Components:**

This service is available to children 6-17 years of age who have moderate to severe problems and where removal from their homes is essential for proper treatment in an outdoor environment.

#### **Provider Requirements:**

Provider must be licensed under 10 NCAC 14V.5200 Residential Therapeutic (Habilitative) Camps for Children and Adolescents of all Disability Groups. Each site must have a program director.

**Staffing Requirements:** A minimum of two staff shall be on duty for every eight or fewer campers.

#### **Service Type/Setting:**

This is a 24-hour residential service. This service is not Medicaid billable. This service is provided in a wilderness, outdoor, often camping, environment.

#### **Program Requirements:**

Treatment is provided in an emotionally healthy, structured culturally sensitive environment. Through outdoor living, clients are afforded the opportunity to develop coping skills, self-esteem and academic or vocational skills. Liaison services are provided to promote community and family interaction. (A non-residential summer/therapeutic camping experience should be coded as 370: Specialized Summer Program).

Facilitating and teaching relevant wilderness skills, including transfer of learning to other environments. This may be accomplished individually, in groups, and with family.

This service is to support the youth in gaining the skills necessary to step down to family and/or a community based setting.

#### **Utilization Management:**

The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

Client has achieved initial service plan goals and additional goals are indicated.

1. Client is making satisfactory progress toward meeting goals.

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**\*Please read the cover memo dated 1-15-04 prior to review of this document.**

2. Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
3. Client is not making progress; the service plan must be modified to identify more effective interventions.
4. Client is regressing; the service plan must be modified to identify more effective interventions.

**AND**

Utilization review must be conducted every 90 days and documented in the service record.

**Entrance Criteria:**

- A. A recipient is eligible for this service when there is an Axis I or II diagnosis,
- AND,**
- B. Level of Care Criteria Level D is met.

**Continued Stay Criteria:**

If the client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment.

There are current indications that the client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment setting or in a lower level of residential treatment.

**Discharge Criteria:**

The client shall be discharged from this level of care if any one of the following is true:

The level of functioning has improved with respect to the goals outlined in the service plan and the client can reasonably be expected to maintain these gains at a lower level of treatment.

**OR**

The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

*Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or the legal guardian about their appeal rights.*

**Expected Outcomes:** This service includes interventions that address the functional problems associated with complex and/or complicated conditions of the identified population. These interventions are strength based and focused on promoting symptom stability, increasing coping skills and achievement of the highest level of functioning in the community.

**Documentation Requirements:**

The minimum documentation standard includes a daily contact log with description of staff's interventions and activities on the standardized form. Documentation of critical events, significant events, or changes of status in the course of treatment shall be evidenced in the recipient's service record as appropriate. The documentation of interventions and activities is directly related to: Identified needs, preferences or choices, specific goals, services, and interventions, and frequency of the service which assists in restoring, improving, or maintaining, the recipient's level of functioning.

**Service Exclusions:** Wilderness Camp can not be provided during the same authorization period as Facility Based Crisis, other levels of Residential Treatment service and PRTF.